		cription: Transmittal		U.S.	. Patent and ¹	PTO/SB/21 (07-09) Approved for use through 07/31/2012. OMB 0651-0031 Trademark Office; U.S. DEPARTMENT OF COMMERCE Iformation unless it displays a valid OMB control number.					
Sta Y	F18			Application Number	10/533						
(2)	IN TR	ANSMITTAL		Filing Date	May 4,	2005					
`	FORM			First Named Inventor	Marku	Krumme					
1/2				Art Unit	1611						
PATH				Examiner Name Kevin		S. Orwig					
7		Pages in This Submission		Attorney Docket Number RO4		037US (#90568)					
			II that appl	After Allowance Communication to TC							
	X Fee Trans	mittal Form	Drawing(s) Licensing-related Papers			Alter Allowance Communication to 10					
	X Fe	e Attached				Appeal Communication to Board of Appeals and Interferences					
• .,,,	Affi Affi X Extension Express A Informatio Certified C Document Reply to M Incomplete	Amendment/Reply After Final Affidavits/declaration(s)		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): inventor's declaration and return postcard receipt					
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
	Firm Name	D. Peter Hochberg Co	o., L.P	A.							
	Signature										
	Printed name D. Peter Hochberg		(
	Date	Ougust 18, 7	18,2009			24,603					
CERTIFICATE OF TRANSMISSION/MAILING											

08/18/2009

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PTO/SB/17 (10-08)
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		Complete if Known										
Fees pursuant to t		Application Nur	mber	10/533,835	(a)							
FEE	TTAL	Filing Date		May 4, 2005	AUG 2 0 2009							
	• 0	First Named In	ventor	Markus Krumi	ne 🎉							
Applicant cla	ims small entity s	tatus See 37	CER 1 27	Examiner Nam	е	Kevin S. Orwi	g Page 1					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1611						
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docke	et No.	RO4037US (#90568)						
METHOD OF PAYMENT (check all that apply)												
Check X Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s)												
WARNING: Informa	ier 37 CFR 1.16 a tion on this form m	ay become pul	olic. Credit card in		-	uded on this form. I	Provide credit card					
information and au		2038.	····									
FEE CALCULA				··								
1. BASIC FILIN		ND EXAMIN NG FEES		RCH FEES	FXAM	IINATION FEES						
Annliestion 7		Small Ent	<u>ity</u>	Small Entity		Small Entity	Fees Paid (\$)					
Application 1 Utility	<u>ype</u> <u>Fee (</u> 330		<u>Fee (</u> \$ 540	<u>Fee (\$)</u> 270	<u>Fee</u> 220		rees raid (ψ)					
Design	220		100	50	140							
Plant	220		330	165	170	, ,						
Reissue	330		540	270	650							
Provisional	220		0	0	0							
2. EXCESS CI		110	· ·	v	·	v	Small Entity					
Fee Description	<u>on</u>	- · · ·				Fee (\$)	Fee (\$)					
	over 20 (includi: ndent claim ove					52 220	26 110					
	ndent claim ove endent claims	i 5 (meraan	ig icissues)			390	195					
Total Claims	Fee (\$) Fee	e Paid (\$)		Multiple D	Dependent Claims							
	0 or HP =	x	=_			Fee (\$)	Fee Paid (\$)					
HP = highest nur Indep. Claims	nber of total claims p			e Paid (\$)								
- 3	or HP =	x										
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
100 = / 50 = (round up to a whole number) x <u>270.00</u> = <u>0.00</u>												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)												
Other (e.g., late filing surcharge): one-month extension of time 130.00												
SUBMITTED BY Signature	0/0-10	7		Registration No.	24	CO3 Telepho	one 216-771-3800					
		(Attorney/Agent)	24,		210-771-3000							
Name (Print/Type)	D. Peter Hoch	berg				Date	august 18, 2009					

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